



Texas Department of Health

William R. Archer III, M.D.
Commissioner of Health

Patti J. Patterson, M.D., M.P.H.
Executive Deputy Commissioner

Bureau of HIV and STD Prevention
1100 West 49th Street
Austin, Texas 78756-3199

(512) 490-2505
Fax (512) 490-2544

<http://www.tdh.state.tx.us/hivstd>

HIV/STD Epidemiology Division
(512) 490-2545 - Fax (512) 490-2536

HIV/STD Health Resources Division
(512) 490-2515 - Fax (512) 490-2538

Pharmacy Division
(512) 458-7500 - Fax (512) 458-7489

November 10, 1999

Dear Colleague:

Our previous letter dated July 19, 1999, detailed a list of strategies to reduce duplication of administrative and planning functions:

1. the Texas Department of Health (TDH) will reduce the number of consortia and integrate planning processes for HIV services, HIV prevention, and STD prevention.
2. the TDH will broaden the charge given to planners to focus on multiple funding streams and/or scopes of interest, and will simplify the planning processes to minimize the learning curves of participants and increase community access to planning processes.
3. the TDH will reduce the number of administrative agencies in order to capitalize on existing strengths. This restructuring and integration process will not reduce the amount of money available for HIV and STD Services to any HIV Service Delivery Area (HSDA).

The initial step in implementing the above strategies is to create a new planning structure with larger planning "catchment" areas. The TDH Bureau of HIV and STD Prevention has made a final decision regarding the new planning areas for HIV care services and HIV/STD prevention services.

Enclosed is:

1. a map of the new planning areas;
2. the process and criteria used by the Bureau;
3. a list of external workgroup members; and
4. a tentative timeline.

Bureau Staff will work with regional stakeholders to schedule local meetings to facilitate the transition to the new planning areas.

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It is important to note that prevention planning groups will begin to reform quickly in order to begin work on the new comprehensive prevention plan required by the Centers for Disease Control and Prevention. We anticipate that in most catchment areas, the transition to consolidated services planning will be more gradual. No changes to the existing structure of administrative agencies is anticipated until 2001, at the earliest.

As we move through the process of implementation, it may become necessary to refine some of these boundaries by moving specific county(s) from one catchment area to another. The Bureau is also committed to an ongoing evaluation of the success of the new structure and will, based on the results of this evaluation, make any necessary changes.

Thank you for your input, cooperation and collaboration in implementing the above strategies. Again, if you have any questions or need additional information, you may contact any of the following: Mr. Larry Cuellar, Special Projects Manager; Ms. Kitten Holloway, Planning Unit Manager; Ms. Janna Zumbrun, Field Operations Branch Manager; or Mr. Casey S. Blass, HIV/STD Health Resources Division Director at (512) 490-2515.

Sincerely,

Rose M. Brownridge, M.D.
Acting Chief, Bureau of HIV and STD Prevention

Process to Determine New Planning Areas for HIV Care Services and HIV/STD Prevention

The “White Paper” on Restructuring

A group of managers from the Bureau of HIV/STD Prevention attended a retreat in 1998. One of the issues discussed at the retreat was the inefficient use of Bureau resources, when conducting planning for services for HIV infected individuals. The issue was broadened to examine the role of the Bureau, the role of providers and the role of the community in planning for all HIV and STD services.

The group began to list barriers to successful planning, along with possible solutions to these barriers. A smaller group of managers began to further develop these ideas into a “white paper”, titled “Community Involvement in Planning and Administrative Functions”. This document took a close look at the history and current structure of community involvement and the delivery of HIV care services. The paper also revealed symptoms of underlying structural problems and suspected causes and possible solutions. The “white paper” also summarized solutions to these barriers:

- ! The TDH should integrate planning processes for HIV services, HIV prevention, and STD prevention, broaden the charge given to planners from their funding stream or specific scopes of interest, and simplify the planning processes to minimize the learning curves of participants and remove barriers to community participation.
- ! The TDH should reduce the number of administrative agencies, in order to capitalize on existing strengths. This restructuring and integration process should not reduce the amount of money available for HIV and STD Services.
- ! Ideally, the administrative agency should focus solely on the tasks related to administering services. When this is not possible, TDH should set a system in place that reinforces the administrative function of administrative agencies in order to minimize conflict of interest.

The Internal Workgroup

The “white paper” was circulated within the Bureau and Regional Staff, and an internal workgroup was formed to solicit input from all pertinent areas within the Texas Department of Health. The goal of the workgroup was to begin by creating two sets of criteria: one for creating new planning areas for HIV care services and HIV and STD prevention; the other for designating administrative agencies. Ultimately, the internal workgroup would make a final recommendation on new planning catchment areas to the Bureau managers.

The External Workgroup

The “white paper” was also mailed to HIV prevention and care contractors, HIV consortia chairpersons and HIV Prevention Regional Planning Coalitions. The mailout included questions and answers regarding the proposed solutions in the white paper, and solicited members for an external workgroup. The external workgroup, made up of community members, service providers and other

stakeholders, met on September 3, 1999. At that meeting the external workgroup reviewed the criteria for creating new planning areas that was developed by the internal workgroup. Using this criteria as a starting point, the external workgroup created additional criteria. The external workgroup also used this meeting to voice any comments or concerns regarding restructuring planning groups or administrative functions.

Developing Proposals for the New Structure

The internal workgroup met on September 16, to review the criteria developed by the external workgroup. The two workgroups produced criteria that were very similar, and the internal workgroup integrated both sets to produce a final set of criteria. On October 4, a smaller subset of the internal workgroup met to began applying the criteria to developing new planning areas, but decided to collect additional data before making a final recommendation. The data that the workgroup used is listed below:

- 1) County information- Where clients prefer to get services outside their HSDA;
- 2) Proposals recommended by CPGs and Planning;
- 3) Medicaid & managed care service delivery areas and rollout implementation schedule;
- 4) Service areas for grantees of Title III and IV, and minority grants (CBC); other Ryan White money allocated to Title I EMAs;
- 5) Consortia assessment;
- 6) Identify areas of expertise needed to conduct planning processes and identify planning components;
- 7) Identified university and hospital systems that provide community-based care (i.e. UTMB, Parkland, Texas Tech, Scott & White);
- 8) STD jurisdictions;
- 9) Epi data by HSDAs (living with AIDS/HIV, demographic data); and
- 10) Access to medications in the border areas.

With this data, the group began to design new planning areas. On October 12, the internal workgroup developed several proposals for new planning areas, and produced three possible structures. These structures were then distributed to a Resource Group, made up of: Bureau Managers, Regional Directors, HIV and STD Regional Coordinators, Field Operations Staff and Clinical Services Staff, in order to solicit input on the three proposals.

Making a final recommendation

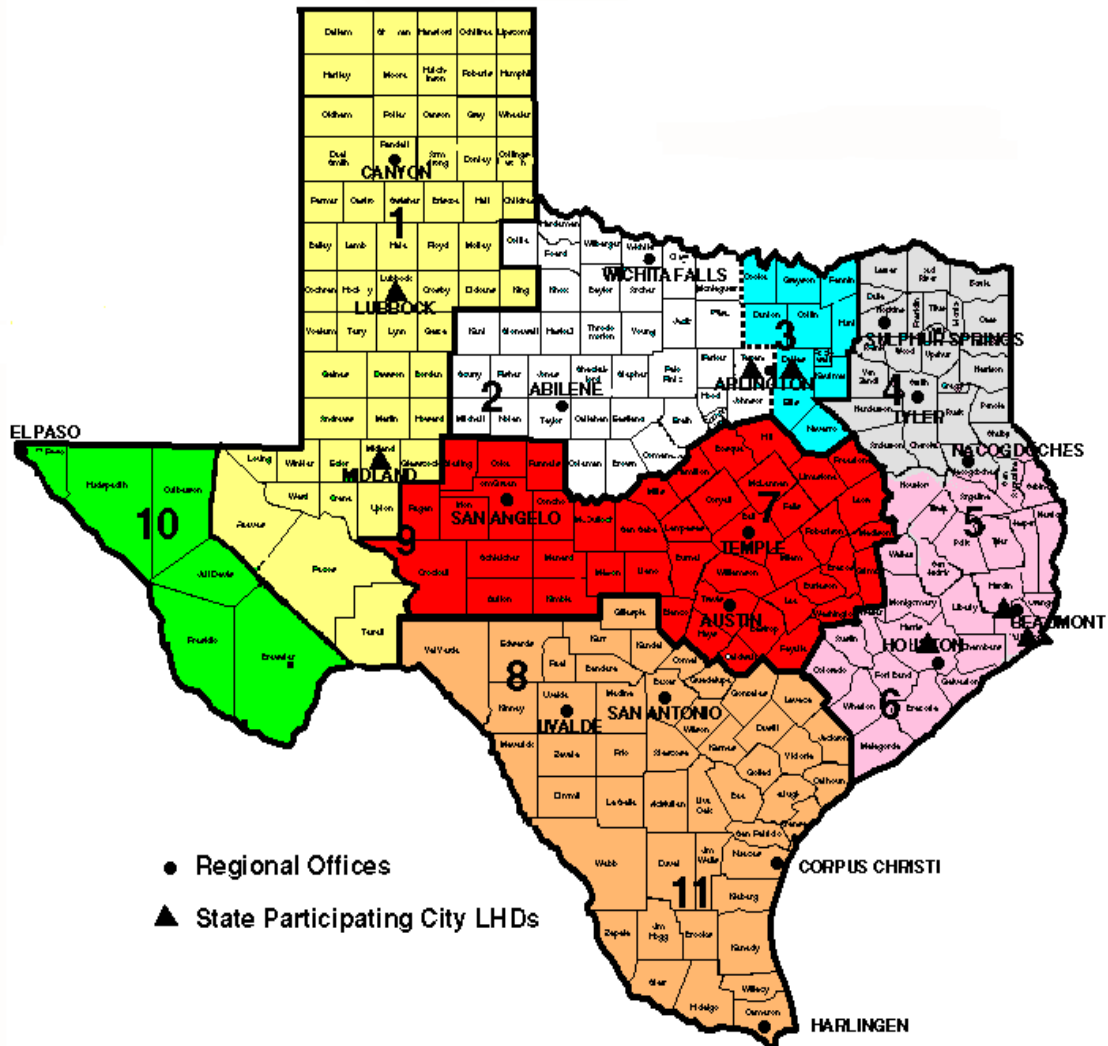
The internal workgroup met on October 20 to incorporate input from the Resource Group to make a final recommendation on a structure for new planning areas.

The final recommendation was presented to the Bureau Senior Managers on October 26, 1999 and was approved.

The new planning areas are attached.

New Planning Areas

TEXAS DEPARTMENT OF HEALTH



There are seven areas designated to plan for HIV care services.

There are six areas designated to plan for HIV prevention services; Public Health Regions 2 and 3 are one combined area for HIV prevention planning.

New Planning Areas for HIV Care Services and HIV/STD Prevention Services

The new planning areas for are as follows:

HIV Service Delivery Area (HSDA)

Planning Area 1
El Paso HSDA

Planning Area 2
Amarillo HSDA, Lubbock HSDA, and Permian Basin HSDA

Planning Area 3
1 prevention planning area:
Wichita Falls HSDA, Abilene HSDA, Fort Worth HSDA, Dallas HSDA* and Sherman HSDA

2 services planning areas:
a. Wichita Falls HSDA, Abilene HSDA and Fort Worth HSDA
b. Dallas HSDA* and Sherman HSDA

Planning Area 4
Texarkana HSDA, Tyler HSDA, Lufkin HSDA, Beaumont-Port Arthur HSDA, Houston HSDA and Galveston HSDA.

Planning Area 5
Temple-Killeen HSDA, Waco HSDA, Bryan-College Station HSDA, Austin HSDA and San Angelo HSDA

Planning Area 6
San Antonio HSDA, Uvalde HSDA, Victoria HSDA, Corpus Christi HSDA, Laredo HSDA and Brownsville HSDA

* Navarro County has been moved from the Fort Worth HSDA to the Dallas HSDA.